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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734720

1. Corporation Name

WATER GLADES 200 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5550 NORTH OCEAN DRIVE
SINGER ISLAND FL 33404-2552

Mailing Address

5550 NORTH OCEAN DRIVE
SINGER ISLAND FL 33404-2552



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	12/30/1975
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-1632669
24. Country	29. Country	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

WHITE, JOHN G III
ESPERANTE BLDG
222 LAKEVIEW DRIVE - SUITE 210
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DS
NAME	KAUFMAN, DORIS	1.2 NAME	Kaufman, Doris
STREET ADDRESS	5550 N. OCEAN DR., #17A	1.3 STREET ADDRESS	5550 N. Ocean Drive, #17A
CITY-ST-ZIP	SINGER ISL FL 33404	1.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE	DT	2.1 TITLE	VD
NAME	JOE HUGHES	2.2 NAME	Birner, Dr. Frederick
STREET ADDRESS	5550 N. OCEAN DR., #4B	2.3 STREET ADDRESS	5550 N. Ocean Drive, #12A
CITY-ST-ZIP	SINGER ISLAND FL	2.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE	PD	3.1 TITLE	D
NAME	ALLAN LAFFER	3.2 NAME	Laffer, Allan
STREET ADDRESS	5550 N OCEAN DR APT. 5D	3.3 STREET ADDRESS	5550 N. Ocean Drive, #5D
CITY-ST-ZIP	SINGER ISL FL 33404	3.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE	VD	4.1 TITLE	D
NAME	CARBONE, PETER	4.2 NAME	Carbone, Peter
STREET ADDRESS	5550 N. OCEAN DR APT 12B	4.3 STREET ADDRESS	5550 N. Ocean Drive, #12B
CITY-ST-ZIP	SINGER ISL FL 33404	4.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE	D	5.1 TITLE	DPT
NAME	SARA THOMAS	5.2 NAME	Thomas, Sara C.
STREET ADDRESS	5550 N. OCEAN DR., APT. 15A	5.3 STREET ADDRESS	5550 N. Ocean Drive, #15A
CITY-ST-ZIP	SINGER ISLAND FL 33404	5.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE	SDCO	6.1 TITLE	D
NAME	OPER, BERNICE	6.2 NAME	Cooper, Bernice
STREET ADDRESS	5550 N OCEAN DRIVE, UNIT 19D	6.3 STREET ADDRESS	5550 N. Ocean Drive, #19D
CITY-ST-ZIP	SINGER ISLAND FL 33404	6.4 CITY-ST-ZIP	Singer Island, FL 33404

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (1/198)